

Abstract 150

TITLE: Are Negative Affective States Associated with Sexual Risk Behaviors? A Review of T
Empirical Literature with Implications for Clinical

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BACKGROUND/OBJECTIVE: Negative affective states (e. g., depressive symptomatology, anxiety, anger, stress, mood disturbance) may promote sexual risk behaviors that lead to HIV infection. This hypothesis has been the focus of many empirical studies. If substantiated, then clinical intervention efforts to alleviate negative affect in

sexually active people may reduce the incidence of HIV infection. This study provides a comprehensive review of the empirical literature on the association between negative affective states and sexual risk behaviors in different populations.

METHODS: Literature available in AIDSLINE, MedLINE, and PsychINFO (1980-1998) was searched using relevant key words. Additional studies were found by checking reference lists of articles identified in the databases. Only English-language articles published in peer-reviewed journals were included. Thirty-two studies were identified.

RESULTS: Half of 26 studies that measured levels of depressive symptomatology found no association with **sexual** risk behaviors; 7 studies found a direct association, 2 found an inverse association and 4 obtained mixed results.

Similar inconclusive patterns were obtained in studies that examined anxiety, anger, stress, loneliness, **and** mood disturbance. No consistent patterns were seen when the studies were stratified by sample characteristics (e. g., HIV serostatus, gay men, drug users, and heterogeneous samples) or by methodological dimensions of the studies (e. g. cross-sectional vs. longitudinal designs, multivariate vs. univariate analyses, retrospective periods for self-reports).

CONCLUSIONS: The findings as a whole do not support the hypothesis that negative affective states are associated with sexual behaviors that put people at risk for HIV infection. However, many of the studies are limited by insensitive measurement designs and failure to model potential curvilinear associations. Additional studies are needed before any definitive conclusions are reached about the value of clinical intervention.

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